



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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June 11, 2008

Katharine London
Executive Director
Health Care Quality and Cost Council
Two Boylston Street
Boston, MA 02116-4704

Re: Proposed Regulation 129 CMR 3.00: Disclosure of Health Care Claims Data

Dear Ms. London:

Thank you for the opportunity to provide testimony on proposed Regulation 129 CMR 3.00: Disclosure of Health Care Claims Data.

The Massachusetts Department of Public Health (DPH) works with many organizations to further our mission of promoting healthy people, healthy families, healthy communities, and healthy environments. DPH believes that claims data are important for a better understanding of disparities in health care, including quality and cost issues, and the Department supports your effort to allow the information to be used for purposes in the public interest. DPH looks forward to working collaboratively with the Health Care Quality and Cost Council to incorporate healthcare claims information into the path-breaking work of the Commonwealth in addressing the health care needs of all of its citizens. These data will greatly supplement existing data and provide essential missing data for use in analyzing the burden of disease, developing programs, directing resources, and evaluating effectiveness.

DPH has experience using a wide variety of data sources. While much of our health statistics are population based, other information sources are targeted to benefit underserved populations in the Commonwealth. This current limitation in data leads to information gaps about the population as a whole. The availability of health care claims data will allow us to represent a broader population and thus provide a more complete picture of the health status and needs of our residents. Obtaining health care claims data is critical to examining utilization related to the health outcomes of the population. Data on private sector covered lives will also help the state: analyze the impact of universal coverage on access to medical care; understand the roots of disparities to more effectively ameliorate them; and increase our capacity to develop strategy maps that bring policy goals into focus and allow the measurement of results.

Some potential public health uses of these data are:

- To identify geographic regions in the state with uncontrolled asthma.
- To better understand the burden of diabetes, including gestational diabetes.
- To compare diagnoses with prescription claims to analyze medication use.
- To capture surveillance information for diseases that are not reportable (e.g. autism spectrum disorders, environmental issues).
- To evaluate the completeness of existing chronic disease surveillance systems (e.g. amyotrophic lateral sclerosis; childhood lead poisoning).
- To understand when new interventions for substance abuse are indicated (e.g. by studying prescription use for drugs that are not currently reportable).

After reviewing the proposed regulation, DPH requests a clarification with respect to the specifications and assurances that are required for Public Unrestricted Data Elements under the regulations. The definition of Public Unrestricted Data Element, describes it as “[a] data element that the Council may disclose to a requesting party without requiring the specifications and assurances relating to Restricted Data Elements set forth in 129 CMR 3.03 and 129 CMR 3.04....,” which appears to be inconsistent with 129 CMR 3.03 (1) (b) 3, which provides that “[t]he Data Release Review Board may direct the Executive Director and the staff of the Council to... approve applications for Public Unrestricted Data Elements that meet all of the requirements of 129 CMR 3.03, 3.04, and 3.05.

To facilitate collaboration related to data analysis, DPH recommends an amendment to: 129 CMR 3.03 (3) Data Release Decisions. The Department requests that the proposed regulation be amended to include a provision authorizing the disclosure of the Council's Health Care Claims Data to a state agency under the terms of an Interagency Service Agreement. DPH suggests the following amendment to 129 CMR 3.03 (3):

- (e) The Council may release unrestricted and restricted data to an agency of the Commonwealth to promote the public interest provided that the agency enters into a non-financial Interagency Service Agreement with the Council that allows for purposes and uses within the public interest, provides for security and measures to safeguard the confidentiality of patient information and includes relevant disclosure restrictions set forth in 129 CMR 3.04.

DPH believes this amendment will facilitate analysis and interpretation supporting our common goals, while preserving essential privacy and security protections. The Department thanks you for your consideration of this request and for the opportunity to comment on proposed Regulation 129 CMR 3.00: Disclosure of Health Care Claims Data.

Sincerely,

Gerald F. O’Keefe
Bureau Director